						•			
Fill	in this informa	ation to identify yo	our case:						
Deb	otor 1	Troy Cochra	ın			Ch	eck if this is:		
							An amended filing]	
Deb	otor 2	Tyra Cochra	ın					wing postpetition chapter	
(Spo	ouse, if filing)						13 expenses as o	f the following date:	
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA						MM / DD / YYYY			
Cas	e number 10	6-12987							
(If k	nown)								
\bigcap	fficial Fo	rm 106J				ı			
		J: Your	 Exper	ises				12/1	
Be info nur	as complete ormation. If m mber (if know	and accurate as nore space is ne n). Answer ever	s possible. eded, atta ry question	If two married people ar ch another sheet to this					
Par 1.	ls this a join	ribe Your House nt case?	noid						
	□ No. Go to								
		es Debtor 2 live	in a separa	ate household?					
	■ N	lo	·						
	_ ``		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.		
2.			_	, ,	,				
۷.	Do you have dependents? ☐ No								
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	tho						□ No	
	dependents				Son		14	Yes	
							_	□ No	
								_ Yes	
								□ No	
								Yes	
								□ No □ Yes	
3.	Do your exp	penses include	_	No				_ Lifes	
	expenses o	f people other t d your depende	han $_{\square}$	Yes					
Par		ate Your Ongoi							
exp	imate your ex enses as of a olicable date.	a date after the	our bankrı bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this fo plemental <i>Schedule</i>	orm as a s J, check	supplement in a Ch the box at the top	apter 13 case to report of the form and fill in the	
				government assistance i					
(Of	ficial Form 10	D6I.)					Your exp	oenses	
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	790.00	
	If not include	ded in line 4:							
	4a. Real e	estate taxes				4a.	\$	0.00	
		erty, homeowner's	s, or renter	's insurance		4b.	·	0.00	
	•	•		ıpkeep expenses		4c.	\$	500.00	
		eowner's associat				4d.	·	0.00	
5	Additional I	mortagae navm	ants for vo	ur residence such as ho	me equity loans	5	\$	227 00	

Tyra Cochran ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services	Case number (if known) 6a. \$ 6b. \$	<u>16-12987</u> 320.00				
Electricity, heat, natural gas Water, sewer, garbage collection		320.00				
Electricity, heat, natural gas Water, sewer, garbage collection		320.00				
Water, sewer, garbage collection		320.00				
	6b. \$	65.00				
relephone, cen phone, internet, satemie, and cable services	6c. \$	280.00				
Other. Specify:	6d. \$	0.00				
d and housekeeping supplies	7. \$	875.00				
Idcare and children's education costs	8. \$	166.66				
thing, laundry, and dry cleaning	9. \$	300.00				
	·	150.00				
•	· ———	150.00				
•	π. Ψ	130.00				
	12. \$	350.00				
	13. \$	0.00				
		95.00				
urance.	*					
not include insurance deducted from your pay or included in lines 4 or 20						
. Life insurance	15a. \$	0.00				
. Health insurance	15b. \$	0.00				
. Vehicle insurance	15c. \$	374.66				
. Other insurance. Specify:	15d. \$	0.00				
es. Do not include taxes deducted from your pay or included in lines 4 or	20.					
cify:	16. \$	0.00				
allment or lease payments:						
. Car payments for Vehicle 1	17a. \$	436.00				
. Car payments for Vehicle 2	17b. \$	0.00				
Other. Specify:	17c. \$	0.00				
. Other. Specify:	17d. \$	0.00				
		0.00				
		0.00				
	· —	0.00				
•						
		0.00				
		0.00				
	· ——	0.00				
	·	0.00				
	·	0.00				
	·	0.00				
er: Specify:	21. +\$	0.00				
culate your monthly expenses						
. Add lines 4 through 21.	\$	5,079.32				
. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form	106J-2 \$					
		5,079.32				
. Add and EEU and EED. The result is your monthly expenses.		3,019.32				
culate your monthly net income.						
. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,968.36				
. Copy your monthly expenses from line 22c above.	23b\$	5,079.32				
Subtract your monthly expenses from your monthly income.	22-	889.04				
The result is your monthly net income.	23C. 🏻 🔻	009.04				
you expect an increase or decrease in your expenses within the yea	r after you file this form?					
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a						
ification to the terms of your mortgage?	, , , , , , , , , , , , , , , , , , , ,					
No.						
NO.						
Stinneurin ec	ical and dental expenses isportation. Include gas, maintenance, bus or train fare. ioto include car payments. iritalinemt, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. iot include insurance deducted from your pay or included in lines 4 or 20 Life insurance Health insurance Health insurance Health insurance. Specify: 55. Do not include taxes deducted from your pay or included in lines 4 or 20 cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Trayments of alimony, maintenance, and support that you did not a cuted from your pay on line 5, Schedule 1, Your Income (Official Form 1) payments you make to support others who do not live with you. Sify: For real property expenses not included in lines 4 or 5 of this form on Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues For Specify: For include your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form Add line 22a and 22b. The result is your monthly expenses. Fullate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.	coal care products and services ical and dental expenses ital and dental expenses storportation. Include gas, maintenance, bus or train fare. Include car payments. Include car payments. It is supportation. Include gas, maintenance, bus or train fare. Italiment, clubs, recreation, newspapers, magazines, and books Italiment, clubs, recreation, newspapers, magazines, and books Italiable contributions and religious donations Italiable contributions Italiable Ita				